



**KONICA MINOLTA**

Mohave Educational Services Cooperative Contract 10i-KMBS-0127  
**KMBS CPC Service & Maintenance Agreement**

Sold To: (legal name)

Ship To:

Name: Gila County Account Number: \_\_\_\_\_

Name: Gila County Health Account Number: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 1: Sarah Chavez

Address Line 2: Gila County Finance

Address Line 2: \_\_\_\_\_

Street Address: 1400 E. Ash Street

Street Address: \_\_\_\_\_

City: Globe State: Arizona Zip: 85501

City: Globe State: Arizona Zip: 85501

Tax Exemption  No  Yes (Certificate required)

Tax Exemption Number: \_\_\_\_\_

PO Required  No  Yes (Copy required)

PO Number: \_\_\_\_\_ PO Expiration Date: \_\_\_\_\_

**Advantage CPC Maintenance Plan**

**Cost Per Copy**

With Supplies  Without Supplies - Purchased Separately

Effective Date: 10/31/2013

Billing for CPC contract:  Monthly  Quarterly  Annually

Contract Term (Months):  12  24  36  48  60

Overages billed:  Monthly  Quarterly  Annually

**Product Covered Under Contract:**

Item	Model Description	Serial Number	Type	Start Meter Read	Monthly Min Volume	CPC	Monthly Min \$	Overage CPC
1	BIZHUB C454e		C			N/A	\$ -	\$ 0.03156
			B/W			Flat Rate	\$ 52.06	\$ -
2			C				\$624.72 + color	
			B/W					
3			C					
			B/W					
4			C					
			B/W					
5			C					
			B/W					
6			C					
			B/W					

Comments:

Maintenance includes all supplies, toner, parts, labor and service calls.

*This agreement incorporates Schedule A-1 KMBS Modified Standard Maintenance Terms and Conditions for Mohave Educational Services Cooperative (MESCC), a copy of which is available upon request. Not binding on KMBS until signed by KMBS Manager.*

Customer Name: DON E. McDANIEL, JR.

KMBS Representative: Chip Ryan 10/24/2013

Signature: [Signature] 10/30/13  
 Authorized Representative of Customer Date

KMBS Manager: [Signature] 10/24/2013  
 Date

Title: COUNTY MANAGER

**FOR INTERNAL USE**

New Customer  Maintenance w/ Equipment Order  Maintenance Only  Maintenance Billed by KMBS  Maintenance Billed by Lease Company  Dealer Serviced

PE #: \_\_\_\_\_ Agreement #: 10i-KMBS-0127 Customer Code 1: Mohave Contract

Promotion #: \_\_\_\_\_ Price Plan #: \_\_\_\_\_ Customer Code 2: \_\_\_\_\_

Subfleet #: \_\_\_\_\_ Customer Code 3: \_\_\_\_\_

Key Operator Contact: Sarah Chavez Phone: 928-402-4253 Email Addr: schavez@gilacountyaz.gov

Meter Read Contact: Same Phone: \_\_\_\_\_ Email Addr: \_\_\_\_\_

Accounts Payable Contact: Jeannie Sgroi Phone: 928-402-8612 Email Addr: dsgroi@gilacountyaz.gov

Special Instructions: \_\_\_\_\_  
 Additional Documents Attached:  
 Price Exception  Tax Exempt Certificate  
 Purchase Order  Credit Application

Originating: Sales Rep Number 9416847 Sales Rep Name (Please Print) Chip Ryan Sales Rep Email Address chip.ryan@kmb.konicaminolta.us

Order Taking: Sales Rep Number 9416847

Servicing: Sales Rep Number 9416847

Contract Processed:  Windsor, CT  Branch Phoenix (Branch Name)